Form 5
Subcontractor Safety Verification Questionnaire

Company Name: _____ **Date Form completed:** _____

Address: _____ **Phone Number:** _____

Completed by: _____

1. List your company's Experience Modification Rate for the last three years:
   2001_____ 2000_____ 1999_____

2. List the following OSHA Log Information (submit hardcopy for past three years):

	2001	2000	1999
A. Total Recordable Cases			
B. Lost Workday Cases			
C. Lost Workdays			
D. Total Employee Hours Worked			
E. Number of Fatalities			

3 Do you have a written Safety program? ❒ Yes, submit copy ❒ No

4. Do you have a full time Safety Director? ❒ Yes, denote below

   Safety Contact Name: _____ **Phone Number:** _____

   ❒ No, who is in charge of safety and to what extent?

   _____

5 Do you conduct job site audits? ❒ Yes ❒ No
   By whom?_____

   How often?_____

   Is this documented? ❒ Yes ❒ No

6. Do you hold "Tool Box Talks" for employees? ❒ Yes ❒ No

   How often?_____

   Is this documented? ❒ Yes ❒ No

7. Do you have an orientation program for new hires? ❒ Yes ❒ No

   If yes, what does this include? _____

   _____

8. Do you have a training program for newly hired or promoted foremen?
9.

   ❒ No ❒ Yes, what does this include? _____

   _____

10. Do you have trained competent persons in the following areas?

A.	Scaffolding	❒ Yes	❒ No
B.	Excavation	❒ Yes	❒ No
C.	Cranes	❒ Yes	❒ No
D.	Electrical	❒ Yes	❒ No
E.	Fall Protection	❒ Yes	❒ No
F.	Confined Spaces	❒ Yes	❒ No
G.	Other: _____	❒ Yes	❒ No

10. Any OSHA citations in the past three years? ❒ Yes ❒ No
    If yes, explain separately and in detail.